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FACSIMILE COVER SHEETDATE: January 22, 2004OUR REF.: MATP-592US

TIME: _____

YOUR REF.: 09/528,083

TO:	Examiner Nathan A. Sloan
COMPANY:	U.S. Patent and Trademark Office
FROM:	Kenneth N. Nigon
FAX TELEPHONE:	1-703-872-9306
OFFICE TELEPHONE:	
TITLE OF DOCUMENT:	Amendment

Total Number of Pages: 19 (including this form)

COMMENTS

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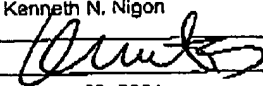
PTO/SB/21 (08-03) (AW 10/2003)


Approved for use through 7/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/528,083
	Filing Date	March 17, 2000
	First Named Inventor	Dave Genovese et al.
	Art Unit	2814
	Examiner Name	Nathan A. Sloan
	Attorney Docket No.	MATP-592US
Total Number of Pages in This Submission 18		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Firm or Individual	Kenneth N. Nigon	Registration No. (Attorney/Agent) 31,549
Signature		
Date	January 22, 2004	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
			January 22, 2004
Name (Print/Type)	Tonya M. Berger		
Signature		Date	January 22, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1330

Complete if Known

Application Number 09/528,083
Filing Date March 17, 2000
First Named Inventor Dave Genovese et al.
Examiner Name Nathan A. Sloan
Art Unit 2614
Attorney Docket No. MATP-592US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

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FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385			Utility filing fee	
1002	340	2002	170			Design filing fee	
1003	530	2003	265			Plant filing fee	
1004	770	2004	385			Reissue filing fee	
1005	180	2005	80			Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims -20** = 0 X Fee from below = 0
Independent Claims -3** = 0 X Fee from below = 0
Multiple Dependent X Fee from below = 0

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9			Claims in excess of 20	
1201	86	2201	43			Independent claims in excess of 3	
1203	290	2203	145			Multiple dependent claim, if not paid	
1204	86	2204	43			-- Reissue independent claims over original patent	
1205	18	2205	9			-- Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65			Surcharge - late filing fee or oath	
1052	50	2052	25			Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130			Non-English specification	
1812	2,520	1812	2,520			For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*			Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*			Requesting publication of SIR after Examiner action	
1251	110	2251	55			Extension for reply within first month	
1252	420	2252	210			Extension for reply within second month	
1253	950	2253	475			Extension for reply within third month	
1254	1,480	2254	740			Extension for reply within fourth month	
1255	2,010	2255	1,005			Extension for reply within fifth month	
1401	330	2401	165			Notice of Appeal	
1402	330	2402	165			Filing a brief in support of an appeal	
1403	290	2403	145			Request for oral hearing	
1451	1,510	1451	1,510			Petition to institute a public use proceeding	
1452	110	2452	55			Petition to revive - unavoidable	
1453	1,330	2453	665			Petition to revive - unintentional	1330
1501	1,330	2501	665			Utility issue fee (or reissue)	
1502	480	2502	240			Design issue fee	
1503	640	2503	320			Plant issue fee	
1460	130	1460	130			Petitions to the Commissioner	
1807	50	1807	50			Processing fee under 37 CFR 1.17(a)	
1806	180	1806	180			Submission of Information Disclosure Stmt	
8021	40	8021	40			Recording each patent assignment per property (times number of properties)	
1809	770	2809	385			Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385			For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385			Request for Continued Examination (RCE)	
1802	900	1802	900			Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 1330)

SUBMITTED BY

Name (Print/Type)

Kenneth N. Nigon

Registration No. Attorney/Agent

31,549

Telephone

(610)407-0700

Signature

[Signature]

Date

January 22, 2004

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